

MDR Tracking Number: M5-04-1990-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 3-3-04.

The IRO reviewed myofascial release, vasopneumatic devices, aquatic therapy, and therapeutic exercises on 7-9-03 to 8-1-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 6-23-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Code 99215 billed for dates of service 3-12-03 and 5-1-03 had no EOB; therefore, these dates will be reviewed per the 1996 Medical Fee Guideline. The carrier did not provide a valid basis for the denial of this service. Therefore, recommend reimbursement of $\$103.00 \times 2 \text{ days} = \206.00 .

Code 97139 billed for date of service 7-14-03 was denied as "A". Requestor's notes do not indicate what procedure is presented by code 97139. Therefore, it cannot be determined if the procedure requires preauthorization. No review can be conducted. Therefore, no reimbursement recommended.

Code 97016 billed for date of service 7-14-03 was denied as "F – fee guideline MAR reduction"; however respondent made no payment. Recommend reimbursement of \$24.00.

Code 99272 billed for date of service 8-21-03 had no EOB; therefore, this date will be reviewed per Rule 134.202. The carrier did not provide a valid basis for the denial of this service. Requestor is seeking \$63.00. The MAR is $\$68.13 \times 125\% = \85.16 . Recommend reimbursement of \$63.00.

ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees outlined above as follows:

- In accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003;
- In accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c);
- Plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Order is applicable to dates of service 3-12-03 through 8-21-03 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 26th day of October 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

May 26, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-04-1990-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: 5055

Dear Ms. Lopez:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Physical therapy notes provided by Requestor (03/12/02 – 08/21/03).

Clinical History:

The claimant was working when she sustained an injury on ___. She was diagnosed and treated for a lumbar intervertebral disc displacement (722.10), thoracic root lesion (353.3), strain/sprain of the lumbosacral spine (846.0), and brachial neuritis/radiculitis (723.4) while under the care of the treating chiropractor.

Disputed Services:

Myofascial release, vasopneumatic devices, aquatic therapy and therapeutic exercises during the period of 07/09/03 through 08/01/03.

Decision:

The reviewer agrees with the determination of the insurance carrier. The treatment and services in dispute as stated above were not medically necessary in this case.

Rationale:

The claimant sustained an injury on ___, and the provider continues to implement uni-disciplinary physical therapy applications that are not warranted at this time. There is no medical record that supports the need for myofascial release, vasopneumatic devices, aquatic therapy, and therapeutic exercises in the management of this claimant.

The provider has submitted no qualitative/quantitative medical records that support the need to apply the chosen trial of therapeutics in the management of this claimant from 07/09/03 through 08/01/03. It is not typical among rehabilitation specialists to execute the reviewed therapeutic applications nearly 4 years after following the injury event. The

need for vasopneumatic devices is not clear in the medical record. Typically, these devices are utilized for swelling of the extremities as in disease processes like lymphedema; efficacy in the management of this claimant's diagnoses is not noted in any peer-reviewed medical research. A trial of aquatic therapy should only be utilized in certain postoperative situations and when a land-based program has failed; neither of these 2 instances are clear in the reviewed medical record. Myofascial release, passive therapy, and the need to implement passive applications nearly 4 years post-injury is not evident in the supplied medical records. Therapeutic exercises are typically utilized to implement greater active, patient-driven management of a claimant's pain generators. Efficacy for the implementation of therapeutic exercises in the management of this claimant's condition, 4 years post-injury, is not clear.

The afore-mentioned information has been taken from the following guidelines of clinical practice and/or peer-reviewed journals:

- *Low Back. Work Loss*; 2003 50p.
- *Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice*. Washington State Chiropractic Association; 2001, 54p.
- *Unrelenting Low Back Pain: North American Spine Society Phase III Guidelines for Multi-Disciplinary Spine Care Specialist*. North American Spine Society. 2000, 96p.

Sincerely,